APPLICATION NUMBER

SUBCLASS

(FACE)

GROUP ART UNIT

FILING DATE

EXAMINER

NOTICE OF ALL	OWANCE MAILED		CLAIMS ALLOWED		
		Assistant Examiner	Total Claims Print Claim for O.G		
ISSUE FEE					
Amount Due	Date Paid		Sheets Drwg.	Figs.Drwg.	Print Fig.
TERMINAL /		Primary Examiner			
TERMINAL		PREPARED FOR ISSUE	Application Examiner		•
	DISCLAIMER	WARNING: The information disclosed Unauthorized disclosure may be prohibit Sections 122, 181 and 368, Possession of Office is restricted to authorized employ	ted by the Unite	d States Code	Title 35, lemark
			(CRF)		CD-ROM